

DATA ITEM TRANSMITTAL/ACCEPTANCE/REJECTION FORM Contract: TBD	
CLIN/SLIN: ____/____ TITLE: _____ Block 14 Distribution: _____ Other: _____	
Doc. Ref. No.: _____ Date: _____ From: To: Naval Air Warfare Center Aircraft Division, ADDRESS, ATTN: COR The above detailed CDRL item is forwarded for review and acceptance/ rejection. This item is due _____. The Government review period is ____ days. <div style="text-align: right;">Sincerely, Signature: _____ Typed Name/Title: _____</div>	
ENDORSEMENT:	Date Received: _____ () Accepted. () Accepted. Attached comments must be incorporated into the next scheduled submission. () Rejected, comments attached. Change pages () are () not sufficient for correction. Contractor is allowed () 30 days or () ____ days to resubmit. <div style="text-align: right;">Signature: _____ Typed Name/Title: _____ Code: _____ Date: _____</div>
Return to Contractor Via:	Date:
CC w/Encl.:	
CC w/o Encl.:	